

United States Department of the Interior
National Park Service

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National Register of Historic Places
Inventory-Nomination Form

marked

date entered

See instructions in *How to Complete National Register Forms*
Type all entries—complete applicable sections

WASHINGTON

1. Name

historic St. Luke's Hospital Complex

and/or common Same

2. Location

street & number 1435 S. Michigan Avenue, 1400 Block S. Indiana Avenue N/A not for publication

city, town Chicago N/A vicinity of _____ congressional district _____

state Illinois code 012 county Cook code 031

3. Classification

Category	Ownership	Status	Present Use	YACHTS
<input type="checkbox"/> district	<input type="checkbox"/> public	<input type="checkbox"/> occupied	<input type="checkbox"/> agriculture	<input type="checkbox"/> museum
<input checked="" type="checkbox"/> building(s)	<input checked="" type="checkbox"/> private	<input checked="" type="checkbox"/> unoccupied	<input type="checkbox"/> commercial	<input type="checkbox"/> park
<input type="checkbox"/> structure	<input type="checkbox"/> both	<input checked="" type="checkbox"/> work in progress, as	<input type="checkbox"/> educational	<input type="checkbox"/> private residence
<input type="checkbox"/> site	Public Acquisition:	Accessed of 8/1/82	<input type="checkbox"/> entertainment	<input type="checkbox"/> religious
<input type="checkbox"/> object	<input type="checkbox"/> in process	<input checked="" type="checkbox"/> yes: restricted	<input type="checkbox"/> government	<input type="checkbox"/> scientific
	<input type="checkbox"/> being considered	<input type="checkbox"/> yes: unrestricted	<input type="checkbox"/> industrial	<input type="checkbox"/> transportation
	<u>N/A</u>	<input type="checkbox"/> no	<input type="checkbox"/> military	<input checked="" type="checkbox"/> other: Residential/ Complex (proposed)

4. Owner of Property

name St. Luke's Limited Dividend Housing Association (as of July 1982)

street & number c/o Rosenberg and Freeman, Inc., 1900 H Street, NW

city, town Washington N/A vicinity of _____ state D.C.

5. Location of Local Description

courthouse, registry of deeds, etc. Cook County Recorder of Deeds

street & number 118 North Clark Street

city, town Chicago state IL

6. Representation in Existing Surveys

title None has this property been determined eligible? yes no

date N/A federal state county local

depository for survey records N/A

city, town N/A state N/A

7. Description

Condition		Check one	Check one
<input type="checkbox"/> excellent	<input type="checkbox"/> deteriorated	<input type="checkbox"/> unaltered	<input checked="" type="checkbox"/> original site
<input type="checkbox"/> good	<input type="checkbox"/> ruins	<input checked="" type="checkbox"/> altered	<input type="checkbox"/> moved date <u>N/A</u>
<input checked="" type="checkbox"/> fair	<input type="checkbox"/> unexposed	(non-contributing buildings only)	

Describe the present and original (if known) physical appearance

Chicago's Saint Luke's Hospital Complex comprises eight buildings located on the block south of 14th Street between Michigan Avenue and Indiana Avenue. Ranging in height from three to nineteen stories, the hospital buildings all incorporate red brick with decorative sandstone or limestone details. A small church building in the midst of the complex provides an important architectural suggestion of the hospital's ecclesiastical origin. With a few exceptions, individually noted below, the buildings maintain their original architectural integrity. Physical proximity to the civic monuments in south Grant Park, particularly the Field Museum and Soldier Field, influenced the design of some of the St. Luke's buildings. Today the St. Luke's Hospital forms a notable landmark and includes the tallest building on the boundary of the south Grant Park civic development. The Hospital also maintains important associational links with and close physical proximity to the Prairie Avenue Historic District.

1. George Smith Memorial Building, 1435 S. Michigan

The George Smith Memorial Building is a six-story, U-shaped, courtyard building designed in 1906 and completed in 1908. The building, with a frontage of 140 feet on Michigan Avenue and a depth of 161 feet, provided private rooms for 125 patients as well as sixth-floor operating rooms which took advantage of the natural light available from large windows and skylights. The building makes a free and elegant adaptation of Renaissance architectural motifs. The six-story facade is divided into three design units; the first and sixth floors are treated as separate units and incorporate Bedford stone. The first floor has large arched windows and a central entryway at the base of the courtyard. A string course and corbelled cornice of Bedford Stone set the first and sixth floors off from the rest of the building. The middle four stories are designed as a single facade unit in red brick. A monumental gateway, with three units, closes off the courtyard. A few sections of the wrought iron gate are missing; yet, the substantial gate frame and posts supporting two spheres of Bedford stone remain. The fountain and flower beds of the original courtyard are no longer extant.

The only major addition to the building came in 1912 when the Helen L. Carter Solarium was built, unobtrusively, on the roof over the base of the courtyard. The basic interior plan and exterior design retains its historical character and architectural integrity. The only challenge to the integrity of the Smith Building comes from 1940s demolition of the adjacent building on the north. This demolition exposed an unadorned common brick wall on the north side of the Smith Building which was not designed for public viewing. The historical and overall architectural importance of the Smith Building clearly outweighs the diminished integrity from this single-perspective viewpoint of the building. Future building could once again close off this wall. The Smith Building is considered significant.

2. Kirkwood Building (Center of Complex)

The three-story square, brick Kirkwood Building located on the interior of the hospital block between the Smith Building on Michigan Avenue and the Main Building on Indiana Avenue was completed in 1916 to provide "a continuity of service" and temporary ward space during the demolition of older hospital buildings and the construction of new ones. Contemplated as only temporary quarters for patients and possibly nurses and as providing permanent space for a laundry and other hospital services, and hidden in the midst of the block, the Kirkwood Building was designed in an austere manner with no attention given to facade composition. A substantial remodeling of the Kirkwood Building in 1950 for use as a central kitchen, laundry, and physical therapy facility eliminated any suggestion of its age or temporary use for hospital wards. The Kirkwood Building is considered a non-contributing structure.

3. Main Building, S. Indiana Avenue

The St. Luke's Hospital Main Building is a nineteen-story, rectangular building completed in 1925. The steel, reinforced concrete building with a Bedford stone and brick exterior, has a 200 foot frontage on Indiana Avenue; the north two-thirds of the building is 58 feet in width, the south third is 35 feet in width. The only wood used in the construction of this fireproof building went into the front door.

Drawing on long established principles of skyscraper design, and paralleling the facade composition of the earlier Smith Building, the Main Building's facade set the upper and lower floors off into distinct design units and grouped the middle floors as a single unit. Two slight insets divide the facade vertically into three units, four bays wide on either end, and ten bays wide in the middle. The lower and upper floors of the building incorporate Renaissance and classical motifs and are built of Bedford stone while the middle unit is of brick. The base unit gathers in four floors--the lowest, entry, floor is rusticated and set off from the next three floors by a heavy stringcourse; the building's middle ten bays on second and third floors are gathered into five large arched openings which suggests the formal dignity of the institution. The fourth floor follows the window treatment and articulation of the next thirteen floors but receives the same Bedford stone of the three floors below; it thus provides a graceful transition between the stone of the base and the brick of the main facade. The top two floors pick up the classical motifs of the lowest four floors. Here two stories are again gathered into a single arch over each of the four bays on either end of the building, the central ten bays are separated in the top two stories by massive classical columns echoing the Soldiers Field Stadium which it rises above. The roof is surrounded by a decorative balustrade. The Main Building was planned with the anticipated development of Indiana Avenue and Lake Shore Drive as major traffic routes and thus the building provided its decorative embellishment to be viewed from the east; the west facade carries little decoration.

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The exterior of the Main Building maintains its original character and integrity. Some damage has been done to the interior; however, the style, layout, and finish of the original building are completely intact. The Main Building is considered significant.

4. Boiler House (Center of Complex)

In connection with the construction of the Main Building a new Boiler House with a twenty-story stack was built. The separate building for boilers and generators represented an advance over earlier hospital design in terms of sanitation and protection from noise and fire; however, the Boiler House contains little historical or architectural significance in terms of its design, plan, or technology. The Boiler House is considered a non-contributing structure.

5. Grace Episcopal Church, S. Indiana Avenue

St. Luke's Hospital originated in the charitable activities of Grace Episcopal Church. The Church building in the midst of the St. Luke's Hospital Complex was designed in 1925 and completed in 1929. The Church building is rectangular, 40 feet by 110 feet, and is a fine, small, hall-type church, with no transept, a grain-vaulted ceiling, a single side-aisle on the north side of the building and four large stained glass windows on the south side of the building. The entrance portal and delicately traceried stained glass window are designed to create a single unit which steps back to the hall's pitched roof. The Church's style is a free adaptation of French and English Gothic forms. Typifying a trend in early twentieth-century Chicago church design, which eclipsed earlier heavily rusticated stone exteriors of Romanesque design, the Grace Episcopal Church design subordinated ornament and carved forms to smoother, uninterrupted surfaces of Indiana limestone. The stripped-down modern style nicely fit the constraints of the Church's \$150,000 building budget.

The stained glass windows, the altar area, and the roof of the Church have sustained some damage, but the Church's primary historical character and merit remain intact and the building is considered among the significant structures in the complex.

6. Grace Parish House/Chicago Legal News Building, S. Indiana Avenue

The Grace Episcopal Church building is connected on the west, rear of the lot, with an 1880s five-story brick, square industrial building, 40 feet by 40 feet. When the Grace Church was occupied, this building was occupied and remodelled as a parish-house and hospital storage building. The top three floors, once occupied by the Chicago Legal News Company, remain undivided loft space. The wood-beam structure lacks any real historical or architectural significance in terms of the Hospital, the Church, or Chicago industrial architecture. It is considered a non-

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contributing structure.

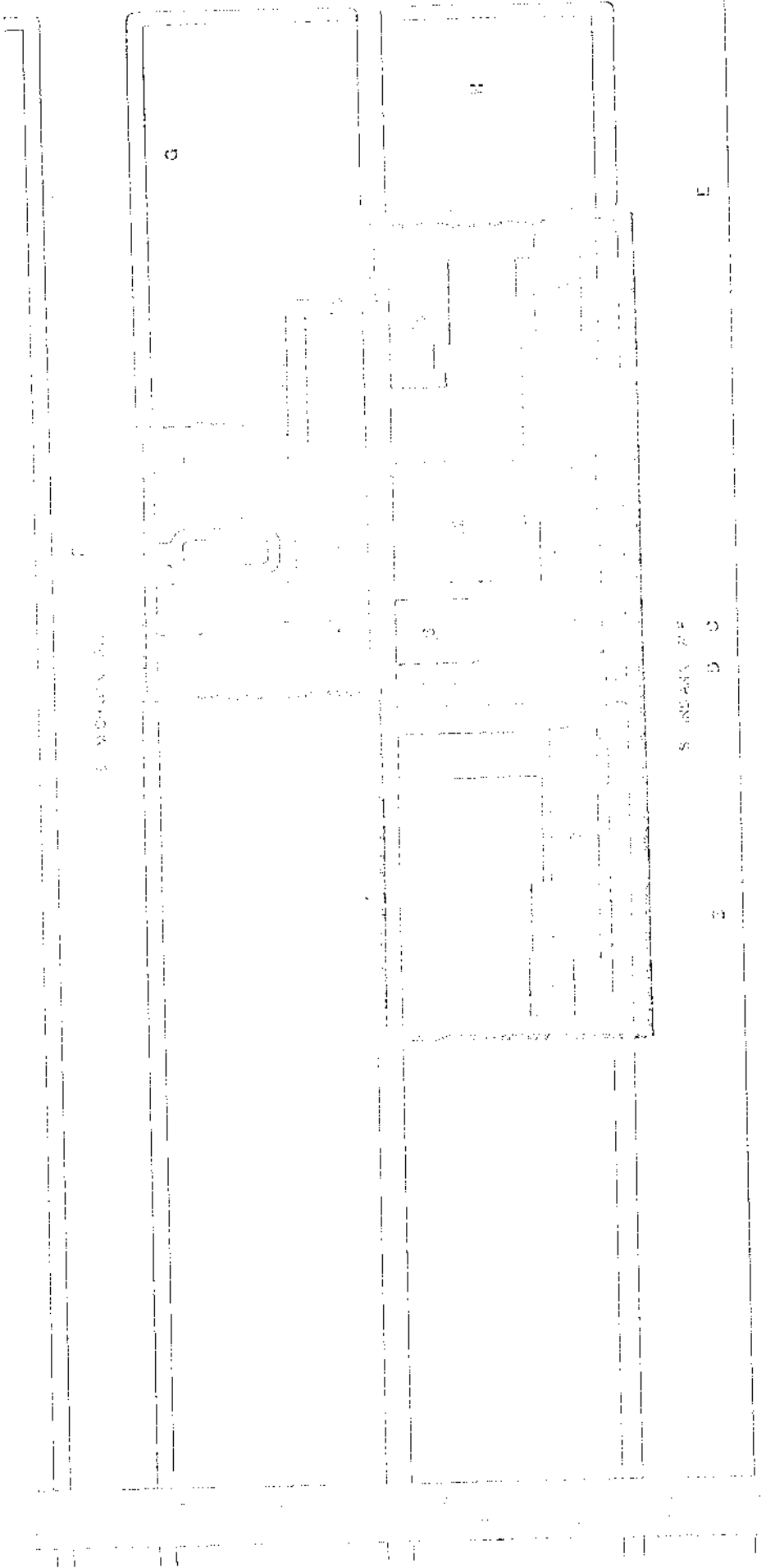
7. Charles and Laura Schweppe Memorial Nurses Home, S. Indiana Avenue

The Schweppe Memorial Nurses Home was completed and dedicated May 21, 1943. The L-shaped building is constructed of brick and stone and originally had an eight story north-south wing running 180 feet along Indiana Avenue and a four story east-west wing. In 1944 a two-story addition of harmonious design was made on the east-west wing. The ground floor contained educational and communal eating and entertainment lounges, parlors and libraries. The upper floors provided accommodations for 313 nurses in single and double rooms. The Schweppe Building's 180 foot Indiana face, with its two four-story three bay wide pedimented and classically detailed entrance pavilions of white stone present a formal, monumental appearance; the rear of the building encloses a large lawn, creating an academic and residential effect unusual in this part of the city. On the Indiana facade the top two floors are gathered into a single arch motif. Windows throughout the building are grouped into pairs rather than being evenly spaced across the facade. The sixth floor windows have simple stone panels adjacent to them suggestive of shutters. The roof design of the Schweppe is particularly interesting; it incorporates a large lounge and a porticoed sun-deck--a design element familiar in hospital designs of the early twentieth century. On the south end of the building's north-south wing a one-story hipped-roof library was planned in connection with an enclosed garden.

The interior of the Schweppe Building has sustained damage due to vandalism. Its exterior architectural integrity is completely intact and it is considered a contributing building.

8. Sterling Morton Clinic Wing, S. Indiana Avenue

Completed in 1949, the eight-story Sterling Morton Clinic Wing of the Hospital was constructed of reinforced concrete with a brick exterior. The building has an 85 foot frontage on Indiana Avenue and a 47 foot depth; the wing is connected to the north end of the main building. The lower four floors of the Morton Wing served as an outpatient clinic while the top four floors provided forty double rooms for eighty medical residents and interns. The lower four floors have a three bay wide classically pedimented entrance pavilion projected to the Indiana Avenue lot line on the north third of the building; the south two-thirds of the building, six bays wide, and the upper four floors are all set-back from the lot line. The west side of the building is unornamented and has a two-bay wide projection. The fifth floor windows carry a highly stylized classical motif on the frames; the top three floors incorporate stone window frames. Designed by the same architect, the Morton and Schweppe buildings' classical entrance pavilions echo each other and tend to visually unify the entire Indiana Avenue stretch of hospital buildings. The Morton Wing is largely intact and maintains its original integrity; it is considered a contributing structure.



S. W. LADD

S. W. LADD


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A


S. W. LADD HOSPITAL COMPLEX
 CHICAGO, COOK COUNTY, ILLINOIS

- 1. CHICAGO PUBLIC HEALTH DEPARTMENT
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- 10. CHICAGO PUBLIC HEALTH DEPARTMENT

CHICAGO PUBLIC HEALTH DEPARTMENT

8. Significance

Period	Areas of Significance--Check and justify below:					
<input type="checkbox"/> prehistoric	<input type="checkbox"/> archeology-prehistoric	<input type="checkbox"/> community planning	<input type="checkbox"/> landscape architecture	<input checked="" type="checkbox"/> religion		
<input type="checkbox"/> 1400-1499	<input type="checkbox"/> archeology-historic	<input type="checkbox"/> conservation	<input type="checkbox"/> law	<input checked="" type="checkbox"/> science (medicine)		
<input type="checkbox"/> 1500-1599	<input type="checkbox"/> agriculture	<input type="checkbox"/> economics	<input type="checkbox"/> literature	<input type="checkbox"/> sculpture		
<input type="checkbox"/> 1600-1699	<input checked="" type="checkbox"/> architecture	<input type="checkbox"/> education	<input type="checkbox"/> military	<input checked="" type="checkbox"/> social/		
<input type="checkbox"/> 1700-1799	<input type="checkbox"/> art	<input type="checkbox"/> engineering	<input type="checkbox"/> music	<input type="checkbox"/> humanitarian		
<input type="checkbox"/> 1800-1899	<input type="checkbox"/> commerce	<input type="checkbox"/> exploration/settlement	<input type="checkbox"/> philosophy	<input type="checkbox"/> theater		
<input checked="" type="checkbox"/> 1900-1950	<input type="checkbox"/> communications	<input type="checkbox"/> industry	<input type="checkbox"/> politics/government	<input type="checkbox"/> transportation		
		<input type="checkbox"/> invention		<input type="checkbox"/> other (specify)		

Specific dates 1905 - 1950

Builder/architect VARIOUS

Statement of Significance (in one paragraph)

A. Summary

The Saint Luke's Hospital Complex is unique in Chicago as an intact ensemble of hospital buildings dating from the first four decades of the twentieth century, constructed on a site in continuous use by the Hospital from 1871. Viewed in terms of its parochial institutional history and in terms of other extant Chicago hospital centers, St. Luke's corresponds in varying degrees to the National Register Criteria A, B, and C. In the Smith Building the St. Luke's Hospital has the oldest and finest hospital building in Chicago devoted exclusively to the care of private pay-patients. The Smith and Main Buildings significantly chart a major change in the "broad patterns of our history"--the transition in medical practice from a charity basis to a more broadly public basis of hospitalization. The Hospital complex, in the names of families memorialized in its buildings--Smith, Schweppe, Morton--and also in the names of hospital trustees and financial contributors represents a monument and testament to the religious charity and private philanthropy of leading Chicagoans especially those who resided in the adjacent Prairie Avenue neighborhood. These people are among Chicago's city-builders and can be characterized as "persons significant in our past." The buildings also represent examples of the work of major Chicago architectural firms--Frost & Granger, Tallmadge & Watson, and Schmidt, Garden & Erickson. The buildings embody "distinctive characteristics of a type"--hospital construction; and, also document important aspects of the design process--the casting about among architecture's functional precedents to locate a design model which can be adopted to a specific need. In the case of the Saint Luke's Hospital, architects turned to the models of luxurious residential hotels and commercial skyscrapers to respond innovatively, not only to changes in medical practice, but to larger urban developments.

This nomination includes three buildings which may not meet National Register criteria by themselves but which contribute to the significance of the complex in design, history, function and scale. The Grace Episcopal Church is no longer owned or used by a religious organization; it is considered significant and does not appear to be disqualified based on the usual exclusion of religious buildings. The Schweppe Nurses Home (1943) and Morton Clinic (1949) do not meet the 50-year eligibility requirement. However, they are viewed as contributing structures based on the fact that as standard features of nearly all early twentieth century medical centers, which in fact replaced nineteenth-century buildings which served the same role, they contribute to the integrity of the Hospital Complex. They are viewed as structures which contribute to the overall interpretation of this site as a medical center. The

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Schweppe Nurses Home has architectural character and merit of its own, and brought to Saint Luke's Hospital the services of Schmidt, Garden, & Erickson--Chicago's premier hospital design firm.

B. Explanation

This explanation section consists of general background on the Hospital Complex and an analysis of buildings. It contains sections comparing two primary buildings to other hospitals in Chicago, in order to firmly establish the significance of the complex in the context of local hospital development.

Background

Reverend Clinton E. Locke founded St. Luke's Hospital in 1864 as one of the charitable activities of the Grace Episcopal parish. The hospital originally occupied a cottage with seven beds. As the city grew and Locke appealed to other Episcopal parishes for contributions, the hospital expanded. In 1871 it moved to the present Indiana Avenue site and occupied an old boarding house with fifty beds. Between 1882 and 1890 St. Luke's constructed five hospital building pavilions designed by Treat & Foltz which gave the hospital "beautiful and well arranged buildings," and increased the capacity of the hospital to 152 beds.¹ In 1884 the Vestry of the Grace Episcopal Church passed a resolution of thanks on the twenty-fifth anniversary of Clinton Locke's rectorship which singled out the St. Luke's Hospital as a monument to charity and philanthropy. The resolution stated: "In opposition to the fears and misgivings of many he at an early day persisted in organizing the great charity known as St. Luke's Hospital, a work that had its beginnings in humble and obscure rooms but which, through faith and work and broad and liberal management, has reached out so as to include the whole diocese making the charity now the grand work of all the parishes of the state and of the liberally disposed of all good people of the city."² In appealing for charitable contributions to the hospital, Locke and the St. Luke's Hospital gained the support of leading Chicagoans and many Prairie Avenue residents, including the Amours, Fields, Pullmans, Crerars, Ryersons, Pecks, Doanes, and Fairbanks. The charitable association counts for some of this site's historical significance.

In order to understand the innovations represented by the extant St. Luke's Hospital buildings, it is necessary to take account of the substantial transitions in late-nineteenth-century hospital practice. Through much of the nineteenth-century nearly all hospitals were charity hospitals. The poor received medical care in the hospital while middle and upper class patients were privately treated in their homes. In the 1880's with major progress in the fields of bacteriology and hygiene, and advances in medical and surgical techniques, the hospital slowly became a more attractive facility for the wealthy. The replacement of private residence with hospital treatment for all classes awaited the development of buildings which provided a

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degree of social segregation and more amenities than customary in the older charity hospital designs.

In 1886 the St. Luke's Annual Report stated, "Until quite recently [hospital] use has been restricted to the absolutely poor, and hence [the] great prejudice against them on the part of that very large class, who, while health continues, enjoy the use of many of the luxuries as well as the necessities of life Another source of prejudice arose from the fact that most of the older hospitals, having been built with little regard for hygienic principles or sanitary laws, exhibited a most disastrous mortality in their statistics. A better understanding of these laws and principles has gone far to disabuse the public mind of this prejudice as it has led to the construction and care of hospital buildings which in sanitary results really far surpass the majority of private dwellings."³ The transition from home to hospital delivery of babies in the twentieth-century dramatically illustrates this changing perception and use of the hospital. Despite the new hospital buildings constructed at St. Luke's in the 1880s, which included forty private rooms, in 1889 only thirty-three per cent of the 819 patients treated were "pay patients." The rest were free patients paid for by private charitable contributions. Twenty years later this figure had reversed itself; in 1909 when 6,596 patients were treated at St. Luke's Hospital nearly two-thirds of both the patients treated and the days of treatment provided went to pay patients. The statistics suggest what the twentieth-century buildings reflect-- first, hospitals were no longer the medical facility of last resort, and, second, larger numbers of patients were being treated. These changes both at St. Luke's and across the United States led to the construction of entirely different, modern, hospital complexes.

The 1880s St. Luke's Hospital buildings provided some private rooms, but not nearly enough to keep pace with changing medical and public attitudes about hospitalization and Chicago's rapidly expanding population. In the early 1900s patients paid for beds both in the Hospital's large open wards and in private and semi-private rooms. Private nursing care cost between \$15 and \$25 per week. In the early 1900s the growing demand for more private accommodations led the Hospital to seek money for additional hospital buildings. As part of the Hospital's plans the analogy to hotel construction frequently arose. In 1904 the Annual Report stated, "The demand for better hospital conditions is becoming more and more urgently apparent. The best accommodations are in the greatest demand. . . . Every one who can at all afford it will gladly pay for greater privacy, and the tendency of the demand is strongly for smaller wards and better private rooms. Hospital management in certain branches is conducting a hotel for the sick It is reasonable that a public, accustomed to a high class of accommodations when they are in good health, should expect and be willing to pay for at least as good conditions when they are ill. Hospital buildings have not improved, during the period mentioned, in the same degree as hotels. This is plainly true of Chicago."⁴ The emphasis on privacy, higher standards of accommodation, and the attention to architectural models, like the hotel, represented a new

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direction in hospital design--one in which the St. Luke's Hospital assumed a leading role.

Smith Building, 1435 S. Michigan Avenue

The George Smith Memorial Building is the oldest extant hospital building in the St. Luke's complex. In 1906 James Henry Smith gave St. Luke's cash and land worth over \$500,000 for the construction of a building intended exclusively for the treatment of private patients. The building was a memorial to Smith's cousin, George, an early resident and businessman in Chicago. The architectural firm of Frost & Granger designed the six-story U-shaped building in 1906. The building with a frontage of 140 feet on Michigan Avenue and a depth of 161 feet provided private rooms for 125 patients and opened in October 1908. The building is Chicago's earliest hospital building entirely devoted to private room accommodations.

Charles S. Frost worked closely with Louis R. Curtis, the Hospital Superintendent, and designed a building very close to the small luxury hotel model the Hospital had sought. Frost, an M.I.T. trained architect, had been a partner in the firm of Cobb & Frost from 1882-1898. With Henry Ives Cobb he had designed the Union and Calumet Clubs, the Newberry Library, the Old Chicago Historical Society Building and several early buildings for the University of Chicago campus. Frost later designed the La Salle Street and Northwestern stations, the Northern Trust Building, the Durand Memorial Hospital for Infectious Disease, the Borland Building, and the office building for the Chicago & Northwestern Railroad Company. One person observed of the Smith Building, "Perhaps the most noticeable feature is the lack of what might be termed the hospital atmosphere. The building has the appearance of a quiet modern hotel."⁵

A 1908 description of the Smith Memorial Building records its innovative departure from existing hospital design: "Today it stands as a radical departure from all accepted forms. Precedent has had little influence, except as a danger signal from which to turn in the construction of . . . the new building . . . the aspect is that of a luxurious modern apartment hotel. Pass the portal and you find yourself in a spacious, cheerful hotel-like lobby with . . . a handsome large marble fireplace, massive marble pillars and a mosaic floor . . . the rooms are such as you will find in the homes of well-to-do people."⁶ The private rooms could be occupied separately or combined as suites for patients who wished to be attended by friends, relatives, or personal servants during their hospitalization. A large number of private bathrooms connected with the rooms. The corridors were lined with marble and mosaic, special air filters and ventilators assured clean air, and double hung windows protected against noise and dirt. Operating rooms on the north side of the sixth floor took advantage of the natural lighting available from large windows and skylights. In 1912 the Helen L. Carter Solarium was constructed on the roof of the Smith Building.

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The Smith Building responded in an innovative manner to the problems and possibilities of its urban, streetscape, context. Part of the Michigan Avenue site was donated to the Hospital in 1881 by St. Luke's trustee, N. K. Fairbanks, who lived three blocks south in a Michigan Avenue mansion. From its early acquisition the Hospital planned to build a building here which would serve as the "principal front" of the hospital and become "an ornament to that fine street." Despite the growing commercialization of Michigan Avenue in the early twentieth-century, the Hospital still constructed a building appealing to the tastes of the residents of the earlier wealthy residential section. Nevertheless, the Hospital's attempts to stay in close proximity to a burgeoning downtown--for the convenience of doctors, patients and visitors and to serve in medical emergencies--caused some design problems. The traditional imagery of a quiet, sanctuary-like, place for physical restoration seemed challenged by the bustle and commerce at the doorstep. The Smith Building design met these problems by orienting nearly all patient rooms toward the building's courtyard. By turning inward the building attempted to escape the noise, dirt, dust, and smoke of the surrounding neighborhood. The plan insured that as other buildings were constructed adjacent to the Smith Memorial only auxiliary rooms and offices would be deprived of light. The response to the street was in many ways similar to that found in Richardson's Glessner House constructed twenty years earlier, a few blocks south of the St. Luke's Hospital. In 1909 the Hospital Annual Report concluded that the Smith Building "overcame, in large measure, all the objections such as noise and smoke incident to a location near the center of the city. The building has been the subject of much favorable comment, not only in this country, but abroad."⁸ Some interior partitions have been removed, some added, yet the Smith Memorial Building retains its historical character and integrity.

In the context of the "charity" hospital, many viewed the Smith Memorial design as "extravagant."⁹ The Hospital trustees countered this view by maintaining that the Building and its wealthy patients provided a substantial endowment for the charity work of the Hospital. The Smith Building did provide support for the Hospital's charity wards and also established a standard of patient care, privacy, and amenity toward which the entire Hospital soon aspired. In 1910 the trustees declared the necessity of replacing the 1830s Indiana Avenue buildings with larger buildings permitting greater bed space and increased segregation of patients both by class and according to a more vigorous medical specialization of wards. In 1912 the trustees declared the need for more open wards and also recognized the needs of a new class of middle-income patients: "There is . . . an insistent demand for accommodations which may be best described as one grade above the open wards. Space divided into very small single rooms and others to accommodate two or three patients conducted on a parity with the open wards except as to privacy and visiting privileges is needed to meet the wants of the class who are ill fitted for the open wards, but are unable to pay the usual private room rates. No hospital in the city meets this demand."¹⁰

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The Smith Building and Other Illinois Hospitals

The only other hospital in Chicago to construct a separate building for private patient care during the early 1900s was Presbyterian Hospital. The Private Pavilion at Presbyterian Hospital emerged under the same circumstances as the Smith Building did at St. Luke's. In November, 1908 Presbyterian Hospital opened its new brick, six-story Private Pavilion to serve well-to-do patients in private rooms. The building was expanded in 1916, and more recently, the sixth floor sun parlor and surgical section were substantially altered and a seventh floor has been added. In comparing the two buildings there is no question that the Smith Building is a finer design which is more significant in its use of luxurious models, and retains greater integrity.¹¹ The only other extant private patient building in Chicago in the mode of the Smith Building is Meyer House of Michael Reese Hospital designed by Schmidt, Garden, & Erickson two decades after the design for the Smith Building.

Surprisingly, the St. Luke's Smith Building is one of only a handful of hospital buildings surviving in Chicago from the late nineteenth and early twentieth centuries. The main tendency of Chicago hospital development has been the demolition of older hospital buildings in the search for land to build new hospital buildings. The St. Luke's complex is unusual in retaining an intact early structure, which represented a departure in hospital design, and is still surrounded by buildings which complement it in scale rather than overshadowing it.¹²

When the Smith Building opened in 1908 its 125 bed capacity exceeded the size of every private hospital in the State outside of Chicago. The medical centers of Chicago thus appear to form an architectural group of their own. The Smith Building is significant in the history of Chicago Hospital Development and probably precedent setting in the state.

Indiana Avenue Buildings

The three-story brick Kirkwood Building, completed in 1915 between the Smith Memorial and the Indiana Avenue buildings, was constructed to provide "a continuity of service" between the anticipated destruction of the old hospital buildings and the construction of a new building. The first floor served as a central hospital laundry.

World War I stalled the St. Luke's Building Fund drive and at the same time pointed out the difficulties and costliness of operating a nineteenth-century hospital building under prevailing, twentieth-century, theories of hospital management and nursing care.¹³ In 1919 the new building was viewed as the Hospital's "most pressing need." The Hospital trustees worried that the lack of a new building would threaten the "prestige and position" of the Hospital and its standing among Chicago's "three best hospitals." The rising standards of patient care and demands for further

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classification of patients lay behind the plans for a new building. In 1920 the trustees declared "without question greater comfort and better service could be rendered ward patients in small, sanitary wards, instead of large, antiquated ones now in use. Again there is a continued demand for lower priced rooms and small wards for the men and women in moderate circumstances who refuse to enter the Hospital as free patients and yet cannot afford to pay the excessive prices necessary to maintain the present private rooms."¹⁴ The trend toward smaller wards, greater privacy, and more efficient plan and operation, introduced in the Smith Memorial, served as a model for St. Luke's later buildings and characterized modern hospital development in general.

In the twentieth-century as modern hospitals came to serve larger numbers of patients with greater numbers of beds, economy and efficiency of operation, tempered by patient and medical needs, became leading considerations in hospital design. In 1909 just after the completion of the Smith Memorial St. Luke's treated 4,620 patients who stayed in the hospital a total of 71,966 days. In 1923 just prior to the construction of a new Main Hospital building the patient census had risen to 10,014, accounting for 112,040 hospital days. Confronted with this rising scale of hospital operations, hospital administrators and architects paid increasingly close attention to hospital plan and layout. In 1927 Edward F. Stevens, a leading hospital architect, declared, "The well-functioning hospital must be planned from the standpoint of efficiency in management and comfort of patients, and should be an architectural design at once pleasing and practical."¹⁵ The chief objects to be obtained in modern hospital design were "first-- efficiency; second--economy in construction; third--economy in maintenance; fourth--absolutely fireproof hospitals."¹⁶ Increased attention paid to efficiency and economy combined with new sanitary theories and hygienic practice to give the modern hospital a higher density form. The modern, high-density, hospital building of the twentieth-century increasingly eclipsed the sprawling nineteenth-century hospital plan which placed separate wards in widely separated pavilion buildings connected by a central corridor system, a form which proved to require greater labor and supervision to operate."¹⁷

Main Building

When St. Luke's Hospital vacated its older 1880s hospital buildings in 1924 to make way for a new building, it literally and figuratively carried to new heights the strictures for modern, economic, efficient and high density hospital design. The Hospital replaced its five old separate, pavilion, buildings with a single nineteen-story building. Upon its completion in 1925 the building was the tallest hospital building in the United States. With the exception of the inclusion of some larger wards that are familiar today, the 1925 Main St. Luke's Hospital Building captured and codified nearly all of the design trends underlying the modern hospital of today. In 1916, announcing early plans for the building the trustees stated, "The new building will be operated on the most economical lines and its upkeep will be cared for

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through the lowered cost of administration and the increased income of the part-pay wards The key-note of our thinking today is efficiency."¹⁸ Even prior to the construction of the Main Building St. Luke's administrators had inaugurated an "Efficiency Committee" to monitor closely the cost and care of patients.

As in the Smith Memorial Building the Main Building design resulted from the close collaboration of the architect Charles S. Frost and the Hospital Superintendent, Louis R. Curtis. The steel, reinforced concrete building with a stone and brick exterior, has a 200 foot frontage on Indiana Avenue; the north two-thirds of the building is 58 feet in width, the south third is 35 feet in width. The most striking and significant aspect of the Main Building is the unusual application of the skyscraper form to hospital design, a plan which originated from the new emphasis on economy and efficiency. In 1926 the trustees succinctly outlined the considerations underlying their design: "The tall structure was selected after very careful consideration, for the following reasons; the high cost of land; lower construction cost; economy in operation."¹⁹ Without adding any land to the hospital site the Hospital's bed capacity increased from 400 to 600 with room to expand to nearly 800 beds. This increased capacity was achieved at the same time that patients were afforded more space and privacy. The hospital promoted efficiency by incorporating many of the mechanical systems which had led to the popularity and development of high-rise office and hotel structures. Elevators, dumb-waiters, pneumatic tubes, linen chutes, mail chutes, telephone systems, in-building libraries, kitchens, all expedited hospital operation and made the skyscraper form adaptable for hospital use.

The functions of the hospital were segregated by floor. A physiotherapy room occupied the basement along with supply department, records room, and receiving wards. The hospital offices, emergency, out-patient, and social work services were located on the first floor. The St. Luke's Hospital School of Nursing occupied the second floor and the third through fifth floors served as nurses residences which were designed to be converted to patient rooms as the hospital expanded. The sixth and seventh floors were devoted to the small private and semi-private rooms, accommodating sixty-four patients of "modest means" which the hospital had sought since shortly after the completion of the Smith Memorial Building. The eighth, ninth and tenth floors were devoted to specialize children's wards, and the eleventh through seventeenth floors housed general medical and surgical wards. Research laboratories were located on the eighteenth floor; x-ray and operating rooms were on the nineteenth floor. The north end of the building included a twentieth story with an amphitheatre for the main surgical unit and a machine room. On the ward floors, instead of the older very large wards, rooms accommodated variously one, two, four, five, or fifteen patients. Bed assignments were now made according to medical need of the patient rather than ability to pay. Thus while nearly twenty-five per cent of the patients were still in the free charity category, they received the same treatment and space as paying patients--a modern conception of hospital administration. The enameled white interior of many of the wards placed a higher degree of emphasis

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on sanitary facilities than the home-like rooms in the Smith Memorial Building. The Main Building cost approximately \$2,300,000 to build.

In many ways the Main Building represented as much of an innovation in its orientation to its immediate urban context as the Smith Building had earlier; however, rather than turning inward the new Main Building turned upward and eastward. Incorporating arguments made earlier in favor of commercial skyscrapers, the trustees argued that the skyscraper hospital promised to deliver patients located on the upper floors from the noise, dust, and dirty air of the streets and urban neighborhood surrounding the Hospital. The sixth floor was the lowest floor occupied by patients when the building first opened which guaranteed a degree of separation from the street. More importantly, the design took advantage of major urban improvement projects in the vicinity, to the east. The long narrow form of the Main Building provided the greatest number of windows facing east that were possible on the Hospital site. Earlier these windows would have faced out over the sheds, buildings, noise, smoke, and dirt of the Illinois Central Railroad; however, by the time the building was built the anticipated electrification of the railroad promised a cleaner, less noisy district. The plans for Indiana Avenue also called for its widening and improvement, changing the street from a "back street" into a main avenue. Of central importance in determining the final design for the hospital was the anticipated improvements along the Outer Lake Shore Drive directly east of the hospital. The Main Hospital Building at St. Luke's Hospital rose to nineteen stories, taking advantage of the anticipated views of the Lake Michigan Shore improvements, in particular the Soldier Field Stadium and the Field Museum of Natural History. In the years following the completion of the Hospital the Shedd Aquarium and the Adler Planetarium were added to this grand architectural ensemble. Reviewing the Hospital plan one critic observed, "Nothing will interrupt the inspiring view of the broad stretches of Lake Michigan over these classical structures."²⁰ No other building in Chicago enjoyed a grander view of these Chicago Plan improvements. The interior layout of the Hospital also took advantage of the view to the east. All rooms for patients faced east; the toilets, kitchens, cafeterias, nursing stations, elevators, utility rooms, storage rooms all used the space on the west side of the building. Faced with the problem of building a modern hospital on a difficult central-city site, the Main Building designers responded by removing patients as far as possible from the ground-level and by framing a dramatic birds-eye view of natural scenery and classical architecture.

Main Building and Other Chicago Hospitals

A few Chicago hospitals expanded in the mid and late 1920s along with St. Luke's and still have 1920s buildings extant."²¹ St. Luke's stands apart from these hospital developments in that it is part of a medical complex which includes buildings which date from earlier than 1925. The Main Building, the tallest hospital building in the United States when it was constructed, was the only Chicago hospital prior to 1940 to solve its administrative and spatial needs by constructing an extremely tall

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building. A hospital design solution familiar in 1920s New York, St. Luke's Main Building stood alone in Chicago until the new Wesley Hospital, eighteen stories, was constructed in 1940-1941. The earlier hospital centers developed in the period of the Smith Building do not have equally substantial buildings dating from the 1910s and 1920s.

Grace Episcopal Church Building

Irony characterizes the twentieth-century relationship between Grace Episcopal Church and the St. Luke's Hospital. The Hospital originated as one of the many charitable activities of the church. In the 1920s this relationship reversed itself as the Hospital trustees merged with the Church Vestry in an attempt to sustain, support and give life to the parish. In 1913 William Otis Harris described the conditions he found in the parish and surrounding the Church when he assumed its rectorship in 1902: "Once standing on a beautiful residence avenue, surrounded by the comfortable homes of prosperous families, its neighborhood had completely changed to a district of cheap boarding houses, lodging and tenements, with all their accompanying misery, squalor, vice and wretchedness. Its parishioners had fled . . . Its losses by death or removal of those who had been its pillars and chief supporters were heavy. Business was rapidly forcing its way in."²² The Hospital shared these neighborhood changes since its site was only one block east of the Church. The Church increasingly served as an institutional focus for its tenement neighborhood and attempted to serve as a parish for downtown businessmen and visitors--an endowment raised from older wealthy parishioners permitted such a redefinition of the Church's role. When a 1915 fire destroyed the Church building and delays plagued the efforts to rebuild the structure the congregation and church mission shrank further. Increasingly the Church defined its mission as ministering to the sick at St. Luke's Hospital. In the early 1920s it actually took over the Hospital chapel as its main place of worship.

As St. Luke's expanded in the twentieth-century the hopes of successive Hospital chaplains was for the construction of a chapel "to comport in dignity with the Smith Memorial and proposed new buildings." As plans for reconstruction of the old Grace Church Building faded, plans developed to construct the parish's main Church on a site adjacent to the Hospital, to serve Hospital needs. In 1923 David Evans, a member of the Church Vestry, wrote to Edward L. Ryerson, a Hospital trustee, "By combining the work of the two institutions, therefore, St. Luke's would be enabled to concentrate on the operation of a large modern hospital, while Grace Church would find employment for its funds and its energies, as planned by present and former members of its parish. Working together they would cure, not alone the bodily ills, but quicken the spiritual life of the community."²³

In 1926 with the Church Vestry dominated by key figures in St. Luke's Hospital, Charles H. Schweppe, Edward L. Ryerson, Louis R. Curtis and Frank Hibbard, plans were

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finally undertaken for construction of a new Church building just south of the Main Hospital building on Indiana Avenue. Earlier buildings for the Grace Episcopal parish were designed by distinguished architects. William Le Baron Jenney designed the 1875 church building. A 1906 Church chapel was designed by Cram, Goodhue and Ferguson who also designed a new building for the old site after the 1915 fire, which was never built. In 1926 Edward L. Ryerson asked Thomas Eddy Tallmadge, a leading Chicago architect, to design the new Grace Episcopal Church.²⁴

Tallmadge was educated at M.I.T. and after his graduation in 1898 worked for Daniel H. Burnham & Company until 1905 when he organized a firm, Tallmadge & Watson, with Vernon S. Watson. Among the firm's best known church designs are Chicago's First Presbyterian, Elgin's First Methodist, the Union Church in Hinsdale, the Grace Lutheran in River Forest, and the First Methodist Episcopal, First Baptist and First Congregational Churches in Evanston.

Supplementing the funds for the Church available from the insurance on the old building, Edward L. Ryerson contributed \$25,000 to the building fund and took an active part in its design. A member of the Vestry reported to a contributor: "It was Mr. Ryerson's idea, and concurred in by all the rest of the Vestry, that as much as Grace Church will be devoted principally to institutional work in connection with the Hospital, . . . the note of simplicity should be observed throughout. I do not mean by this that the interior should be so plain as to create a feeling of coldness or austerity but plain in a way which will reflect the very finest taste and dignity. All the materials and designs so far have been of the very best, but we have had to fight with the architects to avoid over-ornamentation [of the interior]."²⁵ The Vestry felt their design adhered to the best trends in modern ecclesiastical style. The building was compared favorably with Bertram Goodhue's design for Rockefeller Chapel at the University of Chicago which was "large and handsome," with a "beautiful interior," and yet was "simplicity itself," and considered "by far the finest ecclesiastical structure in the city."²⁶

Aside from participating in a modern evaluation of ecclesiastical architecture, the Church Vestry and Bishop Charles P. Anderson envisioned the new Church building as taking an important stand in the center of the Lakefront improvements. Most importantly the Church structure evoked the religious and charitable origins of the St. Luke's Hospital.²⁷ The Church's cornerstone was laid on April 29, 1928 and the building was dedicated May 5, 1929.

Although the Grace Episcopal Church is a fairly modest building it is stylistically suggestive of some of Chicago's finest ecclesiastical architecture--including Cram, Goodhue, and Ferguson's Fourth Presbyterian Church, Tallmadge & Watson's First Presbyterian Church, and Bertram Goodhue's Rockefeller Chapel. The Grace Episcopal Church admirably codifies the principles and style of these larger contemporary buildings. It also is important for its visual suggestion of the religious and

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charitable origin of the hospital--an architectural reflection of hospital institutional history which is not presented as strikingly at any of Chicago's hospitals. The church is a significant part of the Hospital complex.

Schweppe Building

In 1940, echoing plans conceived in the 1920s and delayed by the Depression, Charles H. Schweppe, President of the St. Luke's Board of Trustees, declared, "One of the greatest immediate needs in St. Luke's proposed long-range building program is an enlarged School of Nursing, of which the most urgently needed unit is a new Nurses' Residence . . . provid[ing] housing, educational and recreational accommodations for our students and graduate nurses. Upon its completion, two floors of Main Building now housing students would be available for much needed additional ward space to accommodate patients unable to pay more."²⁸ Schweppe did not live to see his plan realized; however, his proposal and his long philanthropic association with the Hospital was memorialized when Charles and Laura Schweppe Memorial Nurses Home was dedicated May 21, 1943.

The Schweppe Building, with the Morton Clinic Building, complete the medical center character of St. Luke's Hospital. They are comparable with each other, providing closure to the complex by placing a white stone classically pedimented entry at its northern and southern ends.

Taken together the complex's significant and contributing buildings capture on a single site more thoroughly than other Chicago hospitals, and with architectural distinction, the design and evolution of early twentieth century medical practice and hospital design.

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NOTES

1. St. Luke's Hospital Annual Report, 19th: 1 October 1882, P.3; 28th: 1 October 1891. (hereafter referred to as "AR")
2. "Records of Grace Episcopal Church: 1867-1884," 22 January 1884 Located in Archives of Grace Episcopal Church, 33 W. Jackson, Chicago, Illinois.
3. AR, 23rd, 1 October 1886, p. 10.
4. AR, 41st, 30 September 1904, p. 11.
5. AR, 45th, 30 September 1908, p. 11.
6. St. Luke's Hospital, the George Smith Memorial for Private Patients, Description, Illustrations and Floor Plans, 1908.
7. AR, 18th, 1 October 1881.
8. AR, 46th, 30 September 1909, p. 22.
9. AR, 44th, 30 September 1907, p. 12.
10. AR, 50th, 30 September 1912, p. 10.
11. Annual Reports of Presbyterian Hospital 1900-1908. Speech of President Albert Day at 1908 dedication.
12. Other existing Chicago hospital buildings which might compare to the Smith Building built between 1889 and 1910 are summarized below. None of these was constructed purely for private patient care following St. Luke's model.

Building	Date	Description	Integrity
Presbyterian Hospital- James Memorial Building	1889 (oldest surviving in Chicago)	Romanesque	Poor: severely remodelled 1916 and after
St. Anthony's	1898	German Renaissance 4 stories, brick and stone; H.S. Schlacks, architect; ward- charity hospital	Substantial addi- tions 1908

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Building	Date	Description	Integrity
St. Bernard Hospital	1905	Five stories; simple marble facade, with embellishment; O'Brien and Flake.	Intact
Englewood Hospital	1905	Five stories, brick, little architectural interest	Intact
Michael Reese Hospital Main Building	1905-07	Prairie Style, Schmidt Garden & Erickson. Private rooms and charity wards combined. Part of much larger, more diverse modern hospital complex	Intact
Durand Hospital (now Cook County)	1912	Charles Frost, architect	Recent 2 story addition detracts from original design

From the period between 1910 and 1920, a few hospital buildings, which are of less architectural distinction than St. Luke's buildings, survive at Swedish Covenant Hospital, Mt. Sinai Hospital, Presbyterian Hospital and Illinois Central Hospital. Significant among these before its recent discordant alterations was the Durand Hospital Building (now Cook County), designed by Charles Frost in 1912.

The only other hospitals in Chicago which pre-date 1920 merit separate consideration from St. Luke's, as either publicly supported hospitals, or special treatment centers. These are: Cook County Hospital (1912-14; Schmidt and Gerhardt, which merits National Register consideration on its own); St. Anne's (1903) and Tuberculosis Hospital, (1908), both for consumptive care; mental hospitals, including Cook County Psychopathic (1914).

Information concerning hospitals from this period is found in Chicago Medical Society, History of Medicine & Surgery: Physicians and Surgery in Chicago (Chicago: 1922). Descrip-

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tions and information also compiled from site visits to the hospitals listed.

13. AR, 54th, 31 December 1916, p. 13.
14. AR, 57th, 31 December 1919, p. 31.
15. Edward F. Stevens, "What the Past Fifteen Years Have Taught Us in Hospital Construction and Design," American Architect, 132 (5 December 1927): 700-703; see also Edward F. Stevens, The American Hospital of the Twentieth Century, 1928.
16. Meyer, J. Sturm, "The Economic Principles of Efficiency in Hospitals," American Architect, 102 (14 August 1912): 58-61.
17. S. S. Goldwater, "Notes on Hospital Planning--I," The Brickbuilder, 21 (July 1912): 175-177; Stevens, The American Hospital.
18. St. Luke's Hospital, Appeal, 1916, pp. 31-32.
19. St. Luke's Hospital, Subscribers to the Fund for the New Main Building, 1926.
20. Joseph J. Weber, "St. Luke's Hospital Adds Nineteen Story Addition," Modern Hospital, 24 (February 1925): 119-122.
21. The Illinois Masonic Hospital has a building from 1926 of fairly austere design. Augustana Hospital has several interesting seven-story buildings of Gothic design from the mid-1920s--these buildings like the Main Building incorporated semi-private and small ward design. The 1926 Passavant Hospital built in connection with the new Northwestern University Medical Center also adopted Gothic motifs. Finally the St. Elizabeth Hospital built a substantial 11 story building in 1929 which also incorporated Gothic motifs.
22. Grace Episcopal Church, Grace Parish of Chicago: 1903-1913, 1913, p. 79.
23. David Evans to Edward L. Ryerson, 8 November 1923: located in Archives of Grace Episcopal Church.
24. "Records of Grace Episcopal Church," 24 November, 15 December

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1926; 19 October 1927; located in Archives of Grace Episcopal Church.

25. David Evans to William Otis Waters, 21 September 1928; located in Archives of Grace Episcopal Church.

26. Ibid.

27. "Cornerstone Laid for \$150,000 Grace Episcopal Edifice," Chicago Tribune, 30 April 1928.

28. AR, 65th and 66th, 31 December 1939, p. 1.

9. Major Bibliographical References

See Notes, Section 8

10. Geographical Data

Acreege of nominated property Approximately 4 acres

Quadrangle name _____

Quadrangle scale _____

UMT References

A

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Zone Easting Northing

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Verbal boundary description and justification See attached map. Boundaries contain eight buildings of St. Luke's Complex. Letters on map refer to photo locations. Building north of #1 is engineers shed, added ca. 1970.

List all states and counties for properties overlapping state or county boundaries

state IL code _____ county _____ code _____

state _____ code _____ county _____ code _____

11. Form Prepared By

name/title Daniel Bluestone, under contract to

Landmarks Preservation Council of Illinois and

organization St. Luke's Limited Housing Association, Inc date June 28, 1982

street & number 467 S. Dearborn Street (#970) telephone (312) 922-1747

city or town Chicago state Illinois

12. State Historic Preservation Officer Certification

The evaluated significance of this property within the state is:

national state local

As the designated State Historic Preservation Officer for the National Historic Preservation Act of 1966 (Public Law 89-665), I hereby nominate this property for inclusion in the National Register and certify that it has been evaluated according to the criteria and procedures set forth by the National Park Service.

State Historic Preservation Officer signature _____

title _____ date _____

For NPS use only

I hereby certify that this property is included in the National Register

date _____

Keeper of the National Register

Attest:

date _____

Chief of Registration

mes County, Navasota, Navasota Commercial Historic District, Roughly bounded by La and, 9th, and Brule Sts. (11/30/82)

Jale County, Plainview, Plainview Commercial Historic District, Roughly bounded by E. 4th, E. 9th, and Ash Sts. (both sides) (11/30/82)

.H, Utah County, Provo, Brown, George M., House, 284 E. 100 North (12/01/82)

WISCONSIN, Dane County, Madison, Steensland, Halle, House, 315 N. Carroll St. (11/30/82)

WISCONSIN, Jefferson County, Fort Atkinson, Hoard, Arthur R., House, 323 Merchants Ave. (11/30/82)

WISCONSIN, Outagamie County, Appleton, College Avenue Historic District, 215 W. to 109 E., and 110 W. to 102 E. College Ave.; 106-114 N. Onida St. (12/02/82)

WISCONSIN, Sheboygan County, Elkhart Lake, Villa von Raumbach, 754 Elkhart Lake Dr. (11/30/82)

WISCONSIN, Sheboygan County, Sheboygan, Kohler, John Michael, House, 608 New York Ave. (11/30/82)

WISCONSIN, Walworth County, Lake Geneva, Smith, T. C., House, 865 Main St. (11/30/82)

The following properties were also entered in the National Register but were excluded from a previous notice:

CONNECTICUT, Hartford County, New Britain, Walnut Hill Park, W. Main St. (11/30/82)

FLORIDA, St. Johns County, St. Augustine, Bridge of Lions, King St. (11/19/82)

ILLINOIS, Cook County, Chicago, St. Luke's Hospital Complex, 1435 S. Michigan Ave., 1400 Block S. Indiana Ave. (11/24/82)

MICHIGAN, Genesee County, Atlas, Atlas Grange Hall (Genesee County MRA), 8530 Perry Rd. (11/26/82)

MICHIGAN, Genesee County, Byron, Bird/Bovd Farm House (Genesee County MRA), 14215 Bird Rd. (11/26/82)

MICHIGAN, Genesee County, Byron, Middlesworth, Isaac R., Farm House (Genesee County MRA), 11355 Rolston Rd. (11/26/82)

MICHIGAN, Genesee County, Clio, House at 4344 Frances Road (Genesee County MRA), 4344 Frances Rd. (11/26/82)

MICHIGAN, Genesee County, Clio, Mauk & Hammer/Houghton Elevator (Genesee County MRA), 315 W. Vienna St. (11/26/82)

MICHIGAN, Genesee County, Clio, Tinker, Harry C., House (Genesee County MRA), 12030 Lewis Rd. (11/26/82)

MICHIGAN, Genesee County, Davison, Barn at 4277 Irish Road (Genesee County MRA), 4277 Irish Rd. (11/26/82)

MICHIGAN, Genesee County, Davison, McAra, John, House (Genesee County MRA), 2157 Irish Rd. (11/26/82)

MICHIGAN, Genesee County, Davison, Van Buskirk, John, Farm House (Genesee County MRA), 7248 Coldwater Rd. (11/26/82)

MICHIGAN, Genesee County, Fenton, Bangs, Benjamin, House (Genesee County MRA), 819 S. Lerov St. (11/26/82)

MICHIGAN, Genesee County, Fenton, Church, Volney, /Carlos B. Shotwell House (Genesee County MRA), 812 S. Adelaide St. (11/26/82)

MICHIGAN, Genesee County, Fenton, Colwell, David B., House (Genesee County MRA), 901 S. Lerov St. (11/26/82)

MICHIGAN, Genesee County, Fenton, Fenton Railroad Depot (Genesee County MRA), 207 Silver Lake Rd. (11/26/82)